BIRTH YEAR & AGE::: letter from Dr.Allen filmed G122 9-22-49 LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08114

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St.Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 11 mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, U.S.Naval Air Station, Patuxent River, Md.	STREET ADDRESS (If rural give location) U.S.Naval Air Station, Patuxent River, Md.

3. NAME OF DECEASED (Type or Print)	(First) Nora	(Middle) Mae	(Last) ALLEN	4. DATE OF DEATH	(Month) August (Day) 18 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 4-21-76 85?	9. AGE last birthday 64 73/? yrs.	If under 1 year Months. Days; If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME James John Wood		14. MOTHER'S MAIDEN NAME Maude (unknown)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS W.W.Allen ADC USN (so U.S.N.A.S. Patuxent River, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Hemorrhage, cerebral, due to arteriosclorosis — 3 hours.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-18-49 from 11:30 am to 2:35 pm., 19....., to ....., 19....., that I last saw the deceased alive on August 18, 1949, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert F. Rudolph M.D. U.S.Naval Air Station, Patuxent River, Md. 8-18-49

23. BURIAL, CREMATION REMOVAL (Specify) Bureal	DATE Aug. 22, 1949	NAME OF CEMETERY OR CREMATORY Fairview	LOCATION (City, town, or county) (State) Roanoke, Va.
DATE REC'D BY LOCAL REG. 8/19/49	REGISTRAR'S SIGNATURE Carmaller	24. FUNERAL DIRECTOR P B Robinson	ADDRESS Leonardtown md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

08115

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:
County St Mary's
City or town Mechanicsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County St Mary's
City or town Mechanicsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME James Henry Baker

3. (b) Social Security Number

4. Sex M
5. Color or race W
6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Rena T. Baker
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 27 Jan 1879

8. AGE: Years 70 Months 6 Days 6 If less than one day hrs. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Railroad Conductor
11. Industry or business
FATHER 12. Name John William Baker
13. Birthplace Va.
MOTHER 14. Maiden name Carrie Buchanan
15. Birthplace Va.
16. Informant Mrs Rena Baker
Address Mechanicsville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/4/49 (month) (day) (year)
Cemetery or crematory Monticello Memorial Park
Location Charlottesville Va.
18. Funeral director Huntt & Ryon
Address Waldorf, Md.
19. Aug 3 1949 (Date rec'd by registrar) N. L. Mourer Clerk Center Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 Aug 1949, at 10 30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 Aug 1949, to 2 Aug 1949
and that I last saw him alive on 2 Aug 1949

Immediate cause of death	DURATION
Coronary occlusion	
Due to Gen arteriosclerosis	
Due to Diabetes mellitus	15 yrs
Other conditions 260	
61	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J Roy Luyther, MD M. D. or other
Address Mechanicsville Date signed 2 Aug 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45

RECEIVED
AUG 8 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

08116

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH
COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ridge
MARYLAND
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ridge
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Caroline (Middle) Marie (Last) Bisco

4. DATE OF DEATH (Month) August (Day) 4 (Year) 1949

5. SEX Female

6. COLOR OR RACE Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Nov 25, 1948

9. AGE last birthday ____ yrs. If under 1 year Months 8 Days 20 If under 24 hrs. Hours Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME James Brooks

14. MOTHER'S MAIDEN NAME Frances Virginia Bisco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Bessie Bisco

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

491 Immediate cause (a) Broncho-pneumonia — 2 weeks

Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) "Cold" — 1 Month

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1949, to Aug 4, 1949, that I last saw the deceased alive on Aug 1, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P J Bean MD Great Mills Md 8/4/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Aug 5/49

NAME OF CEMETERY OR CREMATORY St Peters Cemetery

LOCATION (City, town, or county) Ridge (State) Md

DATE REC'D BY LOCAL REG. Aug 4/49

REGISTRAR'S SIGNATURE P J Bean MD

24. FUNERAL DIRECTOR Ernest Bisco

ADDRESS Ridge, Md.

RECEIVED
AUG 8 1949
BUREAU T. S.

08117

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 78

1. PLACE OF DEATH · COUNTY St. Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton — LENGTH OF STAY (in this place) 7 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Christopher (Last) Burch

4. DATE OF DEATH (Month) 8 (Day) 24 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Nov. 3rd 1876

9. AGE last birthday 72 yrs. If under 1 year Months 9 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Suitland Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Christopher Burch

14. MOTHER'S MAIDEN NAME Rosa C. Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-10-3009

17. INFORMANT Mrs. John C. Burch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral vascular accident — 18 hrs

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gen. arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1948, to 23 Aug, 1949, that I last saw the deceased alive on 23 Aug, 1949, and that death occurred at 7:05 a.m., from the causes and on the date stated above.

SIGNATURE J. Loy Guy Pike, M.D. (Degree or title) — ADDRESS Mechanicsville — DATE SIGNED 24 Aug 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 8/26/49 — NAME OF CEMETERY OR CREMATORY St. Francis Xaverian — LOCATION (City, town, or county) Compton (State) Md

DATE REC'D BY LOCAL REG. 8/26/49 — REGISTRAR'S SIGNATURE F. A. Camalier M.D. — 24. FUNERAL DIRECTOR W. C. Mattingley Sons — ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
AUG 29 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08118

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Luther; (Middle) H.; (Last) Copsey

4. DATE OF DEATH: (Month) Aug; (Day) 20; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 28-1894

9. AGE last birthday: 54 yrs. If under 1 year: Months 7, Days 24. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Hillary Copsey

14. MOTHER'S MAIDEN NAME: Dora Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Luther H. Copsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval between onset and death: immediate

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary arteriosclerosis

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

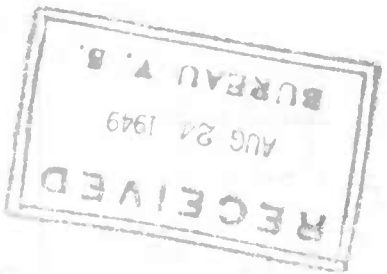
22. I hereby certify that I attended the deceased from July 31, 1949, to Aug 20, 1949, that I last saw the deceased alive on Aug 13, 1949, and that death occurred at 1145 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Langhee, MD | ADDRESS Mechanicsville, Md | DATE SIGNED 8/20/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug-23-1949 | NAME OF CEMETERY OR CREMATORY: St Joseph | LOCATION (City, town, or county) (State): Morganza Md

DATE REC'D BY LOCAL REG. 8/22/49 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Jos C. Mattingley | ADDRESS: Leonardtown Md

VS. A15


RECEIVED
AUG 24 1949
BUREAU V. S.

Evidence for addtion in 18c shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08119

FRM No. G 122 OCT 10 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH · COUNTY: St. Marys — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River, Md. — LENGTH OF STAY (in this place): 7 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Dispensary.	STREET ADDRESS (If rural give location): U. S. Naval Air Station

3. NAME OF DECEASED (Type or Print)	(First) Gary	(Middle) Edward	(Last) JOHNSON	4. DATE OF DEATH	(Month) Aug.	(Day) 23	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 8-16-49	9. AGE last birthday: yrs.	If under 1 year: Months / Days 7	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant	10b. KIND OF BUSINESS OR INDUSTRY: --	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? -				
13. FATHER'S NAME: Rubin E. JOHNSON (ADC USN)		14. MOTHER'S MAIDEN NAME: Ruby Fails					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -	16. SOCIAL SECURITY NO.: -	17. INFORMANT: Father, Rubin E. Johnson					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

273 Immediate cause (a) Status Lymphaticus

64 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) (no further findings from history or autopsy findings) 10/10/49 as

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Dispensary, NAS, Pat. River, Md.	(CITY OR TOWN): Patuxent River,	(COUNTY): St. Marys,	(STATE): Md.
TIME OF INJURY (Month) 8 (Day) 23 (Year) 49 (Hour) 6 A.m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Infant found dead in Nursery by nurse.		

22. I hereby certify that I attended the deceased from 8-16, 1949, to 8-23, 1949 that I last saw the deceased alive on 8-22, 1949, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. C. Dixon D. C. DIXON	LTJG MC USN	Dispensary, US NAS, Patuxent River, Md.	8-23-49

23. BURIAL, CREMATION REMOVAL (Specify): Transportation	DATE THEREOF: 8/24/49	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State): Millen, Georgia
DATE REC'D BY LOCAL REG.: 8/24/49	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: O. B. Robinson	ADDRESS: Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 25 1949
BUREAU V. S.

08120

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH — COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River, Md.
LENGTH OF STAY (in this place): 33 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cedar Park Trailer Camp
STREET ADDRESS (If rural, give location): Lexington Park, Md.

3. NAME OF DECEASED (Type or Print): (First) Patrick (Middle) Eugene (Last) KENNEDY
4. DATE OF DEATH: (Month) 8 (Day) 21 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-20-49
9. AGE last birthday: yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours 32 Min. 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Patuxent River, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Eugene Joseph Kennedy
14. MOTHER'S MAIDEN NAME: Patricia Elizabeth Marx
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT AND ADDRESS: Father, Eugene J. Kennedy, Cedar Park Trailer Camp, Lexington Pk., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Prematurity	32hrs53min
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Spontaneous delivery at 6½ mos. gestation.	
	(c)	

776

159

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --
19b. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20, 1949 to 8-21, 1949, that I last saw the deceased alive on 8-21, 1949, and that death occurred at 5:02 P. m., from the causes and on the date stated above.

SIGNATURE: J. P. Moran — (Degree or title): CDR MC USN — ADDRESS: Dispensary, NAS, Patuxent River, Md. — DATE SIGNED: 8-22-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug 24-1949 — NAME OF CEMETERY OR CREMATORY: Arlington — LOCATION (City, town, or county): Arlington — (State): Va.
DATE REC'D BY LOCAL REG.: 8/22/49 — REGISTRAR'S SIGNATURE: Camden — 24. FUNERAL DIRECTOR: Jos C. Mattingley — ADDRESS: Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 24 1949
BUREAU V. S.

08121

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, California
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, California
STREET ADDRESS (If rural give location) 3 Notch & St. Andrews Roads

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Alfred (Last) Lantz

4. DATE OF DEATH (Month) Aug. (Day) 12 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Jan. 10, 1873

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hardwood finisher

10b. KIND OF BUSINESS OR INDUSTRY Store fixtures

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Joseph Lantz

14. MOTHER'S MAIDEN NAME Emily Bunyon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. --

17. INFORMANT Mrs. Nilah Lantz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General arterio sclerosis — 10 years

450.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1944, to Aug., 1949, that I last saw the deceased alive on Aug. 11, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE P J Bean (Degree or title) MD ADDRESS Great Mills Md DATE SIGNED 8/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug. 14, 1949

NAME OF CEMETERY OR CREMATORY St. Andrews Cemetery

LOCATION (City, town, or county) (State) California, St. Mary, Md.

DATE REC'D BY LOCAL REG. Aug. 12, -49

REGISTRAR'S SIGNATURE P. J. Bean, M.D.

24. FUNERAL DIRECTOR ADDRESS Wm. C. Mattingly & Sons, Leonardtown, Md.

M

wh 8-19-49

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

RECEIVED
AUG 27 1949
BUREAU U. S.

08122

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point
LENGTH OF STAY (In this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 3701 South Arlington ✓

3. NAME OF DECEASED (Type or Print) (First) Maria (Middle) Maggia (Last) Maggia
4. DATE OF DEATH (Month) Aug (Day) 6 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH About 1900
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Theodore Maggia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.8 Immediate cause (a) Asphyxia due to — Interval Between Onset and Death: immediate

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning — immediate

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY River (CITY OR TOWN) Piney Point (COUNTY) St. Mary's (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 6 (Year) 49 (Hour) 3 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Drowning (accidental)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Julian J. Dane (Degree or title) M.D. ADDRESS Leonardtown Md. DATE SIGNED 8/6/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 10-1949
NAME OF CEMETERY OR CREMATORY Washington D.C.
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 8/6 49
REGISTRAR'S SIGNATURE Carrasley
24. FUNERAL DIRECTOR H.S. Hines Co 2901-14th N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 9 1949
BUREAU T. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08123

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morganza
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) INFANT GIRL MATTINGLY 1 win #2

4. DATE OF DEATH (Month) 8 (Day) 8 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify)

8. DATE OF BIRTH 8/7/49

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 15 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Bartholomew Mattingly

14. MOTHER'S MAIDEN NAME Cecelia Copsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Bartholomew Mattingly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 15 hrs

760.5 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity - 5½ mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Aug, 1949, to 8 Aug, 1949, that I last saw the deceased alive on 8 Aug, 1949, and that death occurred at 1 30 P m., from the causes and on the date stated above.

SIGNATURE J Roy Guyther, (Degree or title) MD ADDRESS Mechanicsville DATE SIGNED Md 8/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 8/10/49 NAME OF CEMETERY OR CREMATORY St. Josephs LOCATION (City, town, or county) Morganza (State) Md

DATE REC'D BY LOCAL REG. 8/10/49 REGISTRAR'S SIGNATURE Carnalius

24. FUNERAL DIRECTOR Jos. C. Mattingly, ADDRESS Leonardtown

RECEIVED
AUG 15 1949
BUREAU V. S.

08124

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Marys Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 10 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee (Rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Benj (Middle) Gilbert (Last) McKay

4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Oct 30-1933
9. AGE last birthday 15 yrs. If under 1 year Months 9 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME J. Roland McKay
14. MOTHER'S MAIDEN NAME Beatrice Goldsborough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs J. Roland McKay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Lymphatic Leucemia	11 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

204.0
74a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Aug. 22, 1949, that I last saw the deceased alive on Aug. 21, 1949, and that death occurred at 9.45 A.m., from the causes and on the date stated above.

SIGNATURE P. J. Beary (Degree or title) M.D. ADDRESS Great Mills Maryland DATE SIGNED 8/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 24-1949
NAME OF CEMETERY OR CREMATORY St George's Cemetery
LOCATION (City, town, or county) Valley Lee (State) Maryland

DATE REC'D BY LOCAL REG. Aug. 22-49
REGISTRAR'S SIGNATURE P. J. Beary M.D.
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 24 1949
BUREAU V. B.

Evidence for change of age shown on:

08125

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 121 SEP - 9 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clements
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —
MARYLAND
LENGTH OF STAY (in this place): Life

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clements
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	Rena	Owens	Aug	31	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	single	July 8-1873	76 yrs.	—	24	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home keeper	—	Maryland St Marys	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wilfred Owens	Mary A. Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	—	Miss Ernest Duade

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 **Immediate cause**	(a) Dissecting aneurysm aorta	15 hrs
96 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis with hypertension	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Mar, 1948, to 30 Aug, 1949, that I last saw the deceased alive on 30 Aug, 1949, and that death occurred at 3.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Roy Smythe, MD	Mechanicsville	9/1/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 2-1949	Sacred Heart	Bush Wood	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/1/49	F. A. Cavalier M.D.	Jos C. Mattingly	Leonardtown Maryland

VS. A15

RECEIVED
SEP 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08126

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colton Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D C
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 614 A St N E

3. NAME OF DECEASED (Type or Print) (First) Evelyn (Middle) Estelle (Last) Powlees
4. DATE OF DEATH (Month) Aug (Day) 13 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 6. 1911
9. AGE last birthday 38 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D C
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Daniel V. Richardson
14. MOTHER'S MAIDEN NAME Agnes Estelle Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Daniel V. Richardson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia due to	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Drowning	immediate
	(c)	

929.8
183

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Potomac River
(CITY OR TOWN) Colton Point (COUNTY) St. Mary's (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 13 (Year) 49 (Hour) 7:20 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John L. Dane D. (Degree or title) ADDRESS Leonardtown Md. DATE SIGNED 8/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/16/49
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Washington (State) D C
DATE REC'D BY LOCAL REG. 8/14/49
REGISTRAR'S SIGNATURE Carmalus
24. FUNERAL DIRECTOR Robert A. Mattingley ADDRESS 131-11th St N.E. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 08127

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Marys — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN City
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Willard (Middle) Horace (Last) Smith

4. DATE OF DEATH: (Month) Aug (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov 6-1872

9. AGE last birthday: 76 yrs. | If under 1 year: Months 9 Days 16 | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): No occupation

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland Baltimore city

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Smith

14. MOTHER'S MAIDEN NAME: Hanna Fogwell Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Stephen Fogwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 days

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20 49, to Aug 22 49, that I last saw the deceased alive on Aug 22, 1949, and that death occurred at 10:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Frank A. Camalier MD — Leonardtown Md — 8/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Aug 24 1949 — NAME OF CEMETERY OR CREMATORY St Peters — LOCATION (City, town, or county) Leonardtown — (State) Md

DATE REC'D BY LOCAL REG. 8/23/49 — REGISTRAR'S SIGNATURE Camalier

24. FUNERAL DIRECTOR — ADDRESS
Jos C. Mattingly — Leonardtown Md

RECEIVED
AUG 25 1949
BUREAU V. S.

REV. MORRISON

MARYLAND STATE DEPARTMENT OF HEALTH 08128

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Marys; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LENGTH OF STAY (in this place): 3 yr 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dispensary, U.S.Naval Air Station Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River
STREET ADDRESS (If rural, give location): U.S.Naval Air Station.

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) Clayton (Last) SWILLEY

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-19-28

9. AGE last birthday: 20 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Wade Hampton Swilley

14. MOTHER'S MAIDEN NAME: Ruby (last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Yes 11-2-45 to present

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: U.S.Navy records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Wound, missile, head, penetrating — 2½ hours.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): Womens Dormitory, Lexington Park St. Marys Maryland.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 22 1949 6p m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?: Self inflicted

22. I hereby certify that I attended the deceased from 4:05 pm 8-22-49 to 6:27 pm 8-22-49, 19....., to....., 19....., that I last saw the deceased alive on 8-22-49 19....., and that death occurred at 6:26 p m., from the causes and on the date stated above.

SIGNATURE: Paul Vaughan (Degree or title) ADDRESS: PAUL VAUGHAN, CAPT MC USN. U.S.Naval Air Station, Patuxent River, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Aug 26, 1949 | NAME OF CEMETERY OR CREMATORY: Arlington Natl Cemetery | LOCATION (City, town, or county): Arlington (State): Va.

DATE REC'D BY LOCAL REG.: 8/24/49 | REGISTRAR'S SIGNATURE: Canalier

24. FUNERAL DIRECTOR: P. B. Robinson ADDRESS: Leonardtown, Md.

VS. A15

RECEIVED
AUG 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 08129

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dispensary, U.S.Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania — COUNTY: Unknown
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Scranton
STREET ADDRESS (If rural, give location): 1029 Ridge Row ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gerard	Mos	TREON	August	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	4-13-28	21 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist Mate	U. S. Navy	Pennsylvania	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Francis H. Treon	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	9-45 to present	---	Official Navy Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture, compound, skull — immediate

819.5 **Antecedent cause(s)**

170C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture, compound, comminuted, mandible.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Street	Carver Heights, St. Marys, Md.		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☒	HOW DID INJURY OCCUR?
8	4	49	10 P.m.			Automobile, which was driven by deceased, struck guy wires on telephone pole, causing death.

22. I hereby certify that I attended the deceased from not attended, to ....., 19....., that I last saw the deceased alive on 4 August, 1949, and that death occurred at 10:27 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. Charles Dixon D. CHARLES DIXON,	LTJG MC USN	US NAS, Patuxent River Md	8-5-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-8-49	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/6/49	Cancales	P. B Robinson	Leonardtown, Md.

VS. A5

RECEIVED
AUG 9 1949
BUREAU V. S.